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NASA Procedural Requirements

COMPLIANCE IS MANDATORY

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Request Notification of Change

(NASA Only)

Subject: Quality Assurance of the NASA Medical Care

Responsible Office: Office of the Chief Health & Medical Officer

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Appendix A. Definitions

A.1 Clinical privileges -- Those specific medical, surgical, diagnostic, and therapeutic procedures that are within the scope of privileges granted to a member of the medical staff, defining the limits of patient care services a practitioner may render.

A.2 Competence -- Having the knowledge, skills, and abilities to provide a level of care that is acceptable to the medical community of peers.

A.3 Credentials -- Documented evidence of licensure, education, and training.

A.4 Health-care delivery -- The supervision, monitoring, or direct delivery of prevention, treatment, and management of illness and the preservation of mental and physical well-being through the supervision of, monitoring of, or the direct delivery of services offered by the medical, nursing, and allied health professionals.

A.5 Health-care provider -- The licensed independent practitioner responsible for overall medical or psychological care and treatment of each patient (e.g., medical, nursing, and allied health professionals who provide services without direction or supervision).

A.6 Health-care support personnel -- The licensed personnel (e.g., nurses, pharmacists, dietitians, certified athletic trainers, and other allied health professionals who provide services with direction or supervision) and non-licensed personnel (e.g., lab and x-ray technicians, emergency medical technicians (EMTs), dental assistants, strength and conditioning specialists, and wellness counselors who are under direction or supervision) who provide health-care support services in the NASA medical system.

A.7 Medical Incident -- A deviation from the standard of care occurring in the NASA health-care system, as perceived by the patient, another practitioner, or a reviewing quality monitoring body, including any medical incident in which undue harm, illness,

morbidity, or mortality or excessive financial burden to the patient or agency occurs as a result of the care provided or omitted. This includes, but is not limited to, a missed diagnosis, incorrect diagnosis, therapeutic error, delay of diagnosis and/or treatment, admissions as a result of delayed diagnosis or treatment, complication of treatment, any incident with NASA medical system-wide implications, any incident in which legal recourse or claims for perceived malpractice or negligence has been brought by the patient or the patient's guardian, and any incident in which there has been a perceived moral or ethical breach of appropriate practitioner conduct.

A.8 Medical quality assurance program -- A comprehensive program within NASA to systematically review and improve the quality of medical and behavioral health services to ensure the safety and security of persons receiving medical and behavioral health services, and the efficiency and effectiveness of the utilization of staff and resources in the delivery of medical and behavioral health services. It includes any activity carried out by or for NASA to assess the quality of medical care.

A.9 Peer -- A professional colleague with similar training and clinical experience.

A.10 Peer review -- Peer review is the activity of looking objectively at the quality of care and practice of a provider. This is accomplished by peers looking at performance-based clinical practice, records, and other applicable data.

A.11 Primary source verification -- Obtaining and verifying credential information directly from the originating source such as a university, medical boards, and state and Federal licensure authorities.

A.12 Quality assurance records -- The proceedings, discussion, records, findings, recommendations, evaluations, opinions, minutes, reports, and other documents or actions that emanate from quality assurance committees, quality assurance programs, or quality assurance program activities.

A.13 Standard of Care -- The accepted or correct actions of a provider, taken in order to arrive at a diagnosis or to implement treatment for a given disease, disorder, or patient problem, adjusted for the patient's presentation and other conditioning factors. The standard of care is what is generally accepted in the health care discipline or specialty involved as reasonable and appropriate and is determined by peer review.

A.14 Statement of Exceptions and Corrections -- The response of a provider, who has requested a Fair Hearing, to the Hearing Committee Final Report.

A.15 Verification -- The confirmation of the appropriateness, currency, and authenticity of any licensure, certification, or training credentials of a health-care provider.

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